pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

AA AA SU ED BARTI	
Effective October 1, 2000	2925-0555P
AHON I LE DETERMINATION NECOND	

Effective October 1, 2000 & 925-05557											FT	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	LEN	ITITY	OR	OTHER SMALL I	
TOTAL CLAIMS					RAT	Έ	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS 21/				us 20=	is 20= 4			=		OR	X\$18=	70
IND	EPENDENT CL	AIMS	3 min	us 3 = *			X40=		OR	X80=	-	
MULTIPLE DEPENDENT CLAIM PRESENT							+13	5=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL.		OR	TOTAL	782
CLAIMS AS AMENDED - PART II							٠.,	्यु जिल्लाका -		OTHER		
						(Column 3)	SMA	LL	· · · · · · · · · · · · · · · · · · ·	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	X\$ 9) =	. A	OR.	X\$18=	
AME	Independent	*	Minus	***	T.C.LAIM	=	X40) =		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.413	5=	-15- 1.	OR	+270=	
								TAL		OR	TOTAL ADDIT. FEE	
		ADDIT. PEE										
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	IMN 2) HEST MBER IOUSLY O FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9	9=		OR	X\$18=	·
AME	Independent	*	Minus	***	T CL AIM	1=	X40)=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=	
							ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	•	Minus	**		= :	X\$	9=	कार विक्रिक्त की हो। जनसङ्ख्या	OR	X\$18=	
AME	Independent	* NTATION OF N	Minus	***	IT CLAIR	=	X40)=		OR	X80=	
-	FIHST PHESE	MIATION OF N	NULIIPLE DE	PENDEN	CLAIN		+13	 5=		OR	+270=	
, **	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											